DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GO FLY A KITE AFH (0008714) Address: N7993 MAPLE RD, CASCO, WI 54205

License Status: REGULAR

Licensed/Certified/Registered 05/18/1999

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0091862 End Date: 01/16/2004 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006927 Served 01/29/2004

Deficiencies Cited Subject Area

88.05(3)(d) ANNUAL WELL WATER INSPECTIONS

<u>Compliance</u>

Verified Corrected

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